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## **CLARK COUNTY DEPARTMENT OF BUILDING**

## **Fire & Hazard Prevention Services**

4701 W. Russell Rd., Las Vegas, NV 89119 Phone: (702) 455-3396 • Fax: (702) 455-7347

Please fill out the form to the best of your knowledge and be as specific as possible. Required fields are denoted with an asterisk (\*).

Note: Sufficient information must be prov	vided in order for your	complaint to be addr	essed.	
Today's Date:				
Please provide information about the non-com	uplying party in this section	on.		
Street Address: *				
City: *		State: *	Zip code:	
Cross Streets:	/	(For ex	(For example: Sahara/ Las Vegas Blvd.)	
Corner of Intersection: NE NW	SW SE	Residential	Commercial	
Business Name:				
Date of Incident/Report:				
Please indicate if this issue, in your opinion, * Nature of Issue:	represents an imminent	risk to life or limb:	Yes	No
Alarms Barbeque Issues False/ Nuisance Alarms Fire Extinguishers Fire Hydrants/ Fire Lanes Kitchen Extinguishing Systems * Complaint Description:	Locked/ Disable Monitoring Open burning Overcrowding Other Public/ Private V			School drills Spray Painting Sprinklers Work done without Permit
Are you a Fire Prevention Bureau Employee	e? Yes No			
If you are a Fire Prevention Bureau Employe	ee, enter Station Numbe	r and Platoon: Station	#	Platoon
	Complainant's C	ontact Information		
Note: Providing your contact information	is not required, howev	ver it will help us in co	ontacting ye	ou if we need further informatio
Name (first, middle initial and last):				
Phone Number:				
Email Address:				
Mailing Address:				
I would like to be notified of the inspection i	results. Yes	No		
	For Fire Prev	ention Use Onl	<u>ly</u>	
Complaint Entered By:		System Entry I	Date:	
Complaint Reference #:	Imaging Date:	Imaging Date:		
Website: http://	/www.clarkcountynv.gov/D	<u>Depts/development_serv</u>	ices/fire_pre	vention